	PATENT	ICATIO Effectiv		09/659/10									
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	OŘ	OTHER	
F	OR	• ,	NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE
BA	ASIC FEE							64. KW		345.00	OR		690.00
TOTAL CLAIMS			30 minus 20= 0					ŀ	X\$ 9=	90	OR	X\$18=	
INC	DEPENDENT C	LAIMS	3 minus 3 = 0						X39=	1/2	OR	X78=	<u> </u>
ML	ILTIPLE DEPEN	NDENT	CLAIM PRESENT N					╽┟	400		1		
* If the difference in column 1 is less than zero, enter "0" in column 2								L	+130= TOTAL	435	OR	+260=	
CLAIMS AS AMENDED - PART II									IOIAL	73	JOH	OTHER	TUAN
	Personal se Saltern e	(Col	umn 1)	nn 1) (Column 2) (Column 3)					SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REM Al	AINING FTER IDMENT		N PRI	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	:30		Minus		20	= /		X\$ 9=	·	OR	X\$18=	
	Independent			Minus	DEND!	3	= 4		X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=	
·							_ <b>L</b>	TOTAL		OR	TOTAL		
		(Col	umn 1)		(Co	olumn 2)	(Column 3)	AL	DDIT. FEE	<del>-</del>	1 /	ADDIT. FEE	
AMENDMENT B		REM	AIMS AINING TER .		N	IGHEST UMBER EVIOUSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
			IDMENT	*******	1	AID FOR	LAINA	_		FEE	1 1		FEE
	Total	•		Minus	••	··	=		X\$ 9=		OR	X\$18=	(
	Independent FIRST PRESE	AITATIC	N OF M	Minus	PENIDS	TAUT CL AUA	=		X39=		OR	X78=	
	· · ·	MIATIC	N OF MI	JUITE DE	PENDE	INT CLAIM			+130=		OR	+260≐	
								40	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									DII. FEE		• ′		
5 I		REM. AF	AIMS AINING TER DMENT		NI PRE	GHEST UMBER VIOUSLY ND FOR	PRESENT EXTRA	T,	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=	1,	X\$ 9= ;		OR	X\$18=	1 4-6-
	ndependent .				***		=	H,	X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		· ·
* If the entry in column 1 is less than the entry in column 2 write *** in column 2								L+	130=		OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE													

**Application or Docket Number**